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CONFIRMATION NO. 5036

<b>SERIAL NUMBER</b> 10/613,702	<b>FILING OR 371(c) DATE</b> 07/02/2003 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2617	<b>ATTORNEY DOCKET NO.</b> Chandranmenon 2- 2-9-12-2
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/419,333 10/17/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/29/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 10	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

8933

## TITLE

Multi-interface mobility client

<b>FILING FEE RECEIVED</b> 1446	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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